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ABSTRACT

This document reviews, synthesizes, and critiques research on factors related to job satisfaction among psychotherapists. A sample of burnout literature is also reviewed, especially as it relates to job satisfaction. The impact of training on job satisfaction is considered, with sections examining the need to match training with job descriptions, the need for alternative training models, and the relationship between educational level and job satisfaction. Variables related to specific work settings are examined, including rural versus urban practice, public versus private practice, careers that combine multiple work settings, perceived attitude congruence between staff and supervisors, and the social climate in the work setting. Sources of job satisfaction that therapists report as they develop a professional identity and therapeutic style are discussed, including promoting growth and change in oneself and others, becoming intimately and helpfully involved, and feeling respected as a professional. Most of the studies cited were based on clinical psychologists, although some samples included psychiatrists, clinical social workers, and other mental health practitioners. Research findings are discussed which revealed relationships between high self-reports of job satisfaction and practitioner-scientist models of training, recent entry into the profession, private practice, good staff relationships and the availability of clinical supervision, higher salary, autonomy, innovation, and gender (females being more satisfied than males). The report concludes with general critiques and recommendations for future research. Three pages of references conclude the paper. (NB)

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FACTORS RELATED TO JOB SATISFACTION AMONG PSYCHOTHERAPISTS

Doctoral Research Paper
for the Degree of Doctor of Psychology

ROSEMEAD SCHOOL OF PSYCHOLOGY

BIOLA UNIVERSITY

DONALD BOB OTT

1986

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FACTORS RELATED TO JOB SATISFACTION AMONG PSYCHOTHERAPISTS

BY

DONALD BOB OTT

A doctoral research paper submitted to
Rosemead School of Psychology
in partial fulfillment of the requirements
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La Mirada, California

1986

FACTORS RELATED TO

JOB SATISFACTION AMONG PSYCHOTHERAPISTS

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TABLE OF CONTENTS

	Page
Abstract	iv
Introduction	1
The Impact of Training on Job Satisfaction	3
The Need to Match Training with Job Description	4
The Need for Alternative Training Models	6
Educational Level and Job Satisfaction	9
Variables Related to Specific Work Settings	11
Rural versus Urban Practice	12
Public versus Private Practice	15
Careers That Combine Multiple Work Settings	18
Perceived Attitude Congruence and Social Climate	21
Personal Sources of Job Satisfaction	24
Promoting Growth and Change in Oneself and Others	28
Becoming Intimately and Helpfully Involved	29
Feeling Respected as a Professional	31
The Relationship of Burnout to Job Satisfaction	33
General Critiques and Recommendations for Future Research	37
Summary and Conclusions	40
References	46

Abstract

Research on factors related to job satisfaction among psychotherapists is reviewed, synthesized, and critiqued. A sample of the related burnout literature is also reviewed, especially as it relates to job satisfaction. Major areas considered are the impact of training on job satisfaction, variables related to specific work settings, and personal sources of job satisfaction. Practitioner-scientist models of training, recent entry into the profession, private practice, good staff relationships and the availability of clinical supervision, higher salary, autonomy, innovation, and gender (females are more satisfied than males) were all found to be related to higher self-reports of job satisfaction.

Factors Related to Job Satisfaction among Psychotherapists

"Psychotherapists, whose work is so affected by the nature of their inner experience, have been almost entirely neglected in studies of job satisfaction and work-related attitudes" (Farber & Heifetz, 1981, p. 622). With that observation on the paucity of research, Farber and Heifetz published the first study on job satisfaction among psychotherapists which did not focus exclusively on psychiatrists (Farber & Heifetz, 1982). They described a critical need to "maximize the job satisfaction and efficiency of available personnel" (Farber & Heifetz, 1982, p. 293).

There is an increased awareness in our society of the psychological importance of work, with workers becoming more insistent in their demand for personal fulfillment from their jobs (Farber & Heifetz, 1981). Satisfying, meaningful, and interesting work is viewed as a virtual "right," both by blue-collar and white-collar workers (Cherniss & Egnatios, 1978). In order to ensure effective treatment for consumers, the feelings and experiences of human service providers must be considered (Farber, 1985). "The more talented, creative, and compassionate mental health professionals clearly want more than just a good salary. They also value stimulating, meaningful work" (Cherniss & Egnatios, 1978, p. 310). The perceived potential for job satisfaction thus has a profound

impact upon the recruitment and hiring of psychotherapists.

Psychology as a profession has apparently become more self-conscious or introspective during the decade of the eighties, and there is now a growing body of research on the effects of psychotherapeutic work upon its practitioners (e.g., Farber, 1983b; Freund, 1983; Jerrell, 1983; Norcross, Nash & Prochaska, 1985; Tryon, 1983b; Walfish, Polifka & Stenmark, 1985). This is certainly warranted and long overdue as Guy and Liaboe (1986) have noted:

> In a profession devoted to enhancing the emotional well-being of other individuals, it is ironic that so little attention has been directed at minimizing or eliminating the negative impact of psychotherapeutic practice. . . . Equally significant is the fact that little has been done to enhance or maximize the positive impact of conducting psychotherapy. (p. 114)

It is perhaps unfortunate that substantially more studies have focused on therapist stress and burnout than on job satisfaction among psychotherapists (Farber & Heifetz, 1982). While the two issues are somewhat related, it is an oversimplification to think of them as opposites or as two sides of the same coin. A number of the positive factors that enhance job satisfaction are not readily apparent from burnout research. Furthermore, in a survey of 314 clinical psychologists, Farber (1985) found that 93.5% felt (at least to a moderate extent) that the satisfactions of therapeutic work outweigh the stresses. He concluded that "clinical psychologists are considerably more impressed with the satisfying aspects of therapeutic work than they are with stressful aspects" (Farber, 1985, p. 11).

The objective of this paper is to review, synthesize, and critique research on factors related to job satisfaction among psychotherapists. Studies that specifically addressed job satisfaction are reviewed quite extensively. A sample of the burnout literature is also reviewed, especially as it relates to the issue of job satisfaction.

While most of the studies cited were based on clinical psychologists, some research samples included psychiatrists, clinical social workers, and other mental health practitioners. The term "psychotherapist" was used to describe anyone involved in providing direct clinical or counseling services.

The organization of the paper corresponds roughly to the career path of many psychotherapists. The impact of training on job satisfaction is considered first, followed by variables related to specific work settings, and then personal sources of job satisfaction that therapists report as they develop a professional identity and therapeutic style. Next, the relationship of burnout to job satisfaction is addressed, followed by general critiques and recommendations for future research.

The Impact of Training on Job Satisfaction

Job satisfaction as a psychotherapist may be significantly facilitated, frustrated, or delayed by the training received. The better the "match" between career expectations, training received, and actual work requirements, the greater the likelihood for job satisfaction. Farber and Heifetz (1982) concluded that unrealistic expectations make beginning

psychotherapists especially vulnerable to burnout and disillusionment, and proposed that graduate programs make their students more aware of the limitations, stresses, and inevitable disappointments faced by psychotherapists.

The Need to Match Training with Job Description

As the decade of the seventies drew to a close, approximately 3,000 doctorates in psychology were being awarded each year. Rather than resulting in a "glut" of unemployed psychologists, as some had feared, this has caused changes in the way psychologists are being employed. The most dramatic trends are toward fewer psychologists in academic settings and more in direct human service settings (Garfield & Kurtz, 1976; Stapp, Fulcher, Nelson, Pallak & Wicherski, 1981).

The appropriateness and adequacy of one's training is obviously related to the career path he or she chooses to follow. When Tryon (1983a) surveyed 165 psychotherapists in private practice, a large number "felt that graduate school did not prepare them for the business aspects of private practice" (p. 690). Seventeen of the respondents (10%) "felt they received better training postdoctorally or outside of graduate work" (p. 687). One stated: "In terms of being an effective businessman, my education was achieved totally after graduate school" (p. 687). Presumably such complaints would be less common among graduates of the same programs who chose to enter academic or research careers or perhaps even among those who sought employment in institutional settings rather than in private practice.

When they surveyed 479 clinical psychologists, Norcross and Prochaska (1982) found that those who viewed themselves primarily as clinical practitioners "were significantly more satisfied with their internships than were those whose self-view was that of academician or researcher" (p. 3). In the case of internships, where the emphasis is generally more on clinical experiences, the complaints came from people who chose to enter academic or research careers. Clearly there is a need to train psychologists for the actual jobs they expect to pursue.

Although most dissatisfied graduate students and interns eventually find satisfying jobs, it seems that certain specific changes in their preparation would enhance or speed up the process. In a survey of 210 doctoral-level psychotherapists employed full time in independent practice, Norcross and Prochaska (1983) found that 26.3% were more dissatisfied than satisfied on a Likert scale with their graduate training, and 21.3% were "slightly" to "very dissatisfied" with their internship. In contrast, only 6.8% reported being "slightly" to "very dissatisfied" with their career. It is noteworthy that dissatisfaction was highest with graduate school, a little lower with internship, and significantly lower with psychology as a career. It could by surmised that psychologists who did not "get what they wanted" resolved to "want what they got" by the time their training was completed and they were actually entering the profession.

In a similar study of 157 psychologists in part-time

independent practice, Norcross, Nash, and Prochaska (1985) asked more specific questions about the areas of dissatisfaction. This revealed that 30.6% were dissatisfied with their training in psychotherapy, and a startling 59.3% said they were dissatisfied with their preparation for private practice. This latter source of dissatisfaction may be reduced by the increasing opportunity for practicum placements and internships in private practice settings (Norcross & Prochaska, 1983). It appears that in some instances job satisfaction for psychotherapists is delayed while they seek "remedial training" in areas where their graduate work or internship was deficient.

The Need for Alternative Training Models

Changes in the employment market for psychologists call for corresponding changes in the training models. Psychologists trained as research-oriented academicians may find job satisfaction elusive in the face of declining prospects for academic employment (Stapp et al., 1981). The debate over training models is encapsulated in the terms "Boulder-model" and "Vail-model," referring to the cities in Colorado where conferences on models for training psychologists have been held. The "Boulder-model" refers to a traditional, scientist-practitioner emphasis with training as a scientist foundational to training as a practitioner. The "Vail-model," on the other hand, is a newer, practitioner-scientist emphasis. In this second approach, psychologists are primarily trained as

clinical practitioners. Scientific training in statistics, research methodology, and other historic roots of psychotherapy are not abandoned, but are secondary in terms of time and emphasis.

Kelly, Goldberg, Fiske, and Kilkowski (1978) maintained that "the Boulder model of a scientist-professional was endorsed by roughly a three-to-one majority" (p. 751) of the 138 people in their study. These were individuals first surveyed when they entered graduate programs in clinical psychology either during the fall of 1947 or of 1948. At the time of this 25-year follow-up, they were in academic, administrative, institutional, and independent practices. Examination of the questionnaire item to which they responded, however, reveals that it was pejorative. It read:

> The APA has in the past strongly supported the idea that an applied psychologist should be trained both as a scientist and as a professional practitioner. I regard the idea as
>
> 73% a sound one that should be maintained.
> 27% an impossible ideal that should be abandoned.
> (Kelly et al., 1978, p. 754)

Retaining the Boulder-model was merely "endorsed" over its abandonment! Shifting the emphasis from scientist to practitioner, while retaining both types of training, was not even presented as an alternative.

As Prochaska and Norcross (1983) pointed out, "one pervasive criticism of traditional, Boulder-model programs is that they insufficiently prepare their graduates for applied clinical work" (p. 169). One alternative that specifically

addresses this need for more emphasis on clinical experience is the practitioner-scientist model, which often leads to a doctor of psychology (PsyD) degree. Peterson, Eaton, Levine, and Snepp (1982) reported that 21 institutions offered the PsyD degree in 1980, and as of 1985, 10 of these programs were either fully or provisionally approved by the American Psychological Association ("APA-Accredited Doctoral Programs," 1985).

Peterson et al. (1982) replicated a survey of PhD graduates of scientist-practitioner programs in clinical psychology conducted by Garfield and Kurtz (1976), but used 184 PsyD graduates from practitioner-scientist programs. On identical 6-point Likert-scales, 96% of the PsyDs reported being "very" or "quite satisfied" with their careers as compared to 89% of the PhDs. Whereas 11% of the PhDs were "very" or "quite dissatisfied" with their training, only 2% of the PsyDs were "quite dissatisfied," and none endorsed the extreme category of "very dissatisfied" with their training.

Peterson et al. (1982) observed that:

> The dissatisfactions of PhDs in the Garfield-Kurtz study were stronger among practitioners than among academicians and were related principally to perceived needs for more supervised clinical experience and less emphasis on research in training. These are exactly the changes that are embodied in doctor of psychology programs. The training students receive is clearly suited to the functions that they will perform as professionals. (p. 273)

One flaw in this study is that the PhDs had a mean age of 47 years, while the PsyDs had a mean age of only 37. Other research has shown that satisfaction appears to decline with

increasing years in the profession (Walfish, Polifka & Stenmark, 1985). The age and experience of the PhDs may have contributed to their higher levels of dissatisfaction. The fact that PsyD programs are a relatively recent innovation may also cause some with this degree to respond defensively by exaggerating their satisfaction with this type of training. Replication of this study, and further research into the comparative satisfaction of PsyDs and PhDs would be a very worthwhile contribution to the debate over training models.

Educational Level and Job Satisfaction

Innovative approaches to the training of psychotherapists, especially ones that are sensitive to constantly changing trends in their employment and the marketing of their services, can certainly increase the chances for finding a satisfying job and developing a rewarding career. Training alone, however, is not a panacea and its impact upon job satisfaction is sometimes unpredictable and inconsistent.

Jerrell (1983) found that doctoral-level psychologists in her sample of 47 rural mental health staff reported significantly more job satisfaction than those with only master's level training. In the case of social workers, those with a master's degree reported more job satisfaction than those with only a bachelor's degree, but the difference was statistically nonsignificant. Although the trend in both cases favored higher levels of education, Jerrell (1983) concluded that one's level of professional training is not a significant or

consistent predictor of job satisfaction.

In their survey of 66 mental health staff, Phillips and Hays (1978) found that "those individuals with more education seemed to be less satisfied in all spheres than those with less education" (p. 59). Those with PhDs (all psychologists) or MDs (all psychiatrists) were the least satisfied with agency policies and practices, working conditions, and pay. This seems to echo the sentiment of biblical wisdom: "With much wisdom comes much sorrow; the more knowledge, the more grief" (Ecclesiastes 1:18).

Both studies indicated a correlation between educational level and job satisfaction, but the results were in contradictory directions. Whereas Jerrell (1983) found that "highly satisfied clinical staff" were likely to have an "advanced degree" (p. 197), Phillips and Hays (1978) found that "workers who had the least education tend[ed] to be satisfied in more spheres than those with more education" (p. 55). Educational level apparently interacts with situational variables so that what is a blessing in one agency may actually be a curse in another. Future research should attempt to sort out more precisely how educational level interacts with other factors related to job satisfaction.

Adequate and appropriate training may be a prerequisite to being fully certified as a psychotherapist, but it cannot guarantee job satisfaction. The highly trained psychotherapist may be more sensitive than ever to agency policies and politics, excessive work loads, and restrictions imposed by supervisors

(Farber & Heifetz, 1982). Higher levels of education often result in greater expectations from work, and the job does not always measure up.

Variables Related to Specific Work Settings

Once graduate school and the internship are completed, new psychologists are faced with the challenge of finding enjoyable employment. However satisfied or dissatisfied they might have been with their training, long-term career satisfaction is now largely dependent upon the work setting itself.

In summarizing her findings from interviews with hundreds of helping professionals, including psychiatrists, psychologists, and social workers, Maslach (1978) had this to say about the causes of burnout:

> I have concluded that burn-out is best understood (and modified) in terms of the social and situational sources of job-related stresses. . . . The search for causes is better directed away from identifying the bad people and toward uncovering the characteristics of the bad situations where many good people function. (p. 114)

The first step toward insuring job satisfaction in any given work setting would be to identify and, as much as possible, eliminate the sources of burnout.

Job satisfaction as a psychotherapist apparently declines for many people with increasing years in the profession (Walfish et al., 1985). When Kelly et al. (1978) surveyed 156 individuals 25 years after they entered graduate school, only 54% said they would choose clinical psychology if they could live their lives over again. In a study of 179 recent graduates (59 MAs and

129 PhDs), Walfish et al. (1985) found that 87% said they would choose psychology as a career if they had it to do over again. They observed that:

> It is possible to hypothesize that "fresh out of graduate school," these new clinical psychologists are enthusiastic as they enter their new profession and anticipate a happy and fruitful career. However, it appears from previous research that as time goes on, something occurs to change this enthusiasm. It would be important to identify the factors involved in changing this process because this would be vital information for the field as a whole. (p. 579)

It is also conceivable that youth is more characterized by optimism and idealization, age by pessimism and disillusionment. It would be significant to investigate whether similar declines in job satisfaction occur with increasing years in other professions.

Studies will now be reviewed which suggest that variables in the work setting itself play a major role in whether or not satisfaction with psychology declines or remains high.

Rural versus Urban Practice

A rather obvious and yet potentially very significant decision is whether the new psychologist will seek employment in a large city or in a smaller community. Freund and Sarata (1983) studied 120 doctoral level psychologists in both rural and nonrural areas of Iowa, Kansas, Missouri, and Nebraska. They found a widespread preference for urban environments and reasoned that this "appetite for the amenities available in urban environments contributes to the reluctance of professionals to locate and remain in rural areas" (p. 26). Although

"life and work satisfactions did not differ significantly across the rural, nonrural, and urban groups" (p. 24), there was significantly less "community satisfaction" reported by those practicing in rural areas. "Life satisfaction" involved feelings about one's "general life situation"; "work satisfaction" related to responsibilities, co-workers, opportunities, and salary; and "community satisfaction" had to do with such things as social and leisure opportunities and the adequacy of public services (p. 21). "Work and community satisfactions were essentially uncorrelated indicating that respondents could and did differentiate between their work situations and their satisfaction with the communities in which they resided" (Freund & Sarata, 1983, p. 22). Freund and Sarata (1983) stressed the importance of identifying and recruiting trainees who are likely to enjoy life in rural areas, and also proposed creative ways of providing more urban access for those psychotherapists who are willing to practice in smaller communities but still prefer life in the city.

One's performance on the job must be interpreted within a context of expectations. "Doing a good job" can mean something very different in a rural as compared to an urban setting. Psychotherapists may need to consider whether their own work and career philosophies are more compatible with the expectations generally encountered in rural or in urban agencies.

Eisenhart and Ruff (1983) examined the organization and utilization of staff at five rural and five urban mental

health centers. They spent two days at each center conducting open-ended interviews and unstructured observations. They found consistent differences between the rural and urban centers as to what constituted "doing a good job."

In rural mental health centers, it was important to be a "generalist," capable of performing a variety of tasks. Handling crisis situations as they arose was valued more than adherence to a strict schedule or routine. Fellow employees in the rural agencies were to be treated like family. The center's programs and even one's own lifestyle were strongly impacted by community attitudes in the rural settings (Eisenhart & Ruff, 1983, p. 54). In urban mental health centers, on the other hand, it was important to be a "specialist," with a high level of ability and efficiency in a specific position. Commitment to one's academic discipline and to the mental health field, and increased professional growth were valued. It was important to work well as a team member by carrying out one's own assignments. Therapists in urban settings needed skill in "working the bureaucratic system" in order to provide the best service to their clients (pp. 54-55). Eisenhart and Ruff (1983) concluded that mental health workers were more likely to feel satisfied or dissatisfied with the type of community their jobs were in according to how well their own goals and expectations aligned with those of the work setting.

These variations in the way rural versus urban staffs tend to be organized and utilized could be the starting place

for some type of self-descriptive inventory for mental health agencies. Administrators and supervisors could evaluate the preferences and style within their agency of what is considered "doing a good job." Prospective interns or staff members would then be in a better position to assess their compatibility with an agency's organizational structure. A rural agency that had a decided preference for "generalists" versus "specialists," for example, should recognize that tendency and make it clear to job applicants.

Public versus Private Practice

The independent practice of psychology has grown remarkably during the past decade, with approximately 91% of all licensed, clinically active psychologists now engaged in at least some private, fee-for-service practice (Norcross et al., 1985). Psychologists in Independent Practice (Division 42) is now the fourth largest division in the American Psychological Association (Norcross & Prochaska, 1983).

Several recent studies have focused on private practice, uncovering some of the sources of job satisfaction it offers when contrasted with practice in the public sector. When Tryon (1983b) surveyed 165 private practitioners, she found that "professional independence was the most frequently listed satisfaction derived from private practice" (p. 47). Respondents liked "not being accountable to someone above me with whom I might disagree" (p. 46). A good income, higher than that of psychologists in settings other than private practice,

was also cited as a source of satisfaction (Tryon, 1983a).

In a survey of 210 psychotherapists in full-time private practice and 72 psychotherapists employed in the public sector, Norcross and Prochaska (1983) found that the independent practitioners reported higher levels of satisfaction. Those in private practice "were (a) more satisfied with psychotherapy as a career and (b) less likely to select another fantasy career" (p. 877). The authors hypothesized that this "may be due to dissatisfaction with institutional quality of care, greater clinical autonomy and specialization, relief from bureaucratic structures, and financial incentives" (Norcross & Prochaska, 1983, p. 878). The higher degree of satisfaction among those in private practice is consistent with the finding of Farber and Heifetz (1982) that therapists who practice in institutional settings report more feelings of disillusionment or the need to defend against such feelings than do those in private practice.

Higher levels of job satisfaction among those in private practice as compared to those in public practice should not be construed as "the whole truth." There are benefits to practice in a public agency, and there are difficulties in a private practice. The most frequently mentioned source of displeasure among those in full-time private practice was isolation (Tryon, 1983b). This contrasts with agency practitioners, who have more of an opportunity to interact with colleagues. Because lack of peer contact increases the risk of burnout, practitioners in full-time private practice need

to consider forming support groups in which they can deal with the stresses of their work (Farber & Heifetz, 1982; Tryon, 1983b). The fact that overall the satisfactions of private practice outweighed the stresses appears to indicate that most in this situation manage to avoid isolation by developing "good collegial relationships" (Farber, 1985, p. 13).

Cherniss and Egnatios (1978) administered the Job Description Inventory, a standardized measure of job satisfaction developed by Smith, Kendall, and Hulin (1969), to 164 staff members and supervisors employed by 22 community mental health centers in Michigan. They found that community mental health staff are considerably less satisfied with their work than comparable groups of highly educated American workers. A sense of accomplishment and worthwhile agency goals were the two major sources of job satisfaction. Poor communication, lack of organization, ambiguity, and inefficiency were cited as major sources of dissatisfaction in this type of public sector agency (Cherniss & Egnatios, 1978, p. 315). The study concluded that the roles of community mental health professionals in areas such as consultation and community action are changing. Agencies must clarify their objectives and provide good in-service training in areas of deficiency in order to enhance the confidence, morale, and performance of their staff and supervisors. It is interesting to note that "worthwhile agency goals" were a source of satisfaction for many, while "lack of organization" and "ambiguity" were

sources of dissatisfaction for others. A well-defined role for community mental health agencies is essential; without it, a potential source of job satisfaction goes sour and becomes a source of dissatisfaction. Because the perceived potential for job satisfaction is such a fundamental issue, educators and administrators need to attract and train those who are suited for working productively in public mental health systems if such agencies are to be adequately staffed (Jerrell, 1983).

Careers That Combine Multiple Work Settings

Rather than working exclusively in a single work setting, a large number of psychotherapists combine a part-time private practice with work in an academic setting or in a public agency. For some this appears to be an economic necessity, while for others the combination of work settings appears to be a deliberate choice. Those who are pressed into this situation out of necessity report more dissatisfaction, whereas those who choose to work in multiple settings report high levels of job satisfaction.

In a survey of 480 respondents actively employed in independent practice, Norcross et al. (1985) found that 157 or 32.7% were part-time, defined as less than 20 hours a week in private practice. This was sometimes combined with a university or medical school position (21.6% of the part-time respondents), or with work in a community mental health center, outpatient clinic, mental hospital, or general hospital (33.3%

of the part-timers).

Those in part-time private practice reported higher levels of involvement in clinical supervision, consultation, administration, teaching, and research than did those in full-time private practice (Norcross et al., 1985). This sort of variety in one's professional activities has been proposed as one way to avoid the negative consequences of conducting psychotherapy (Farber & Heifetz, 1982; Guy & Liaboe, 1986).

Part-time private practice is associated with greater specialization and selectivity in accepting clients. Part-timers are less likely to see suicidal or sociopathic patients, and they are less likely to conduct group or marital therapy (Norcross et al., 1985). These authors speculated that "financial and caseload considerations may require full-time practitioners to be less selective and more eclectic" (Norcross et al., 1985, p. 574). In some instances, additional income from their other jobs evidently reduces the financial strain on those in part-time private practice, enabling them to be more flexible with their fees and to charge less per session than their full-time counterparts (Tryon, 1983b).

Because correlational studies such as these do not establish specific cause and effect relationships (Jerrell, 1983), there are other possible explanations of the data. Psychotherapists with sufficient skill and experience to develop a full-time private practice may be more likely to have suicidal or sociopathic clients referred to them. Those in full-time private practice may enjoy the variety offered

by conducting group or marriage and family therapy in addition to individual therapy. Although part-timers charge less than full-timers for an individual session, the fee for each participant in a group session is likely to be even less (Tryon, 1983b). A part-time therapist with limited client hours may be unwilling to spend them conducting group therapy, whereas this may serve as a "backup system" for someone in full-time practice. Rather than lose a client who could not afford the higher fee for individual sessions, someone with more client hours available might opt to offer group sessions for a fee lower than that of individual sessions. Another possibility is that part-timers who are just beginning a private practice may be flexible with their fees simply because they need clients. Those established in full-time private practice for some time may have a waiting list of clients who are willing to pay the full fee for individual sessions.

Those in part-time private practice reported less optimism about the availability of clients, and this economic uncertainty may be a factor in choosing a career that combines multiple work settings and thus sources of income. While an academic or institutional appointment might not pay as well as the same amount of time spent seeing clients, it may tend to be more stable and consistent than client fees which change according to the size of one's caseload. Forty-one percent of the part-time independent practitioners surveyed in the Norcross et al. (1985) study said they would become full-time given an unlimited demand for their services. Obviously

their decision to combine multiple work settings is at least partially perceived as a necessity rather than a choice. On the other hand, 23% would remain part-time even if guaranteed unlimited clients. Commenting on those who have chosen to combine part-time practice with other work settings, Norcross et al. (1985) stated, "it appears that these psychologists highly value their other professional commitments and enjoy the combination of private practice and other activities" (p. 574).

Future research should give more careful attention to the total income of those in full-time private practice as compared to those who combine work settings. It should also address such factors as highly successful practitioners who are sought after as consultants, seminar speakers, and expert witnesses. These individuals may find that it is more financially lucrative or personally gratifying to utilize their skills and expertise in these ways rather than in full-time direct client services.

Perceived Attitude Congruence and Social Climate

Several studies have been reviewed which contrasted rural and urban, public and private, and full-time and part-time private practice. Two factors that appear to have a bearing on job satisfaction across all these categories are one's perception of the congruence of attitude between staff and supervisors, and of the social climate in a given work setting.

In a study by Phillips and Hays (1978), 66 mental health workers were asked to respond to 38 questions based on the Community Mental Health Ideology Scale. They first stated their own opinion and then the opinion they believed their supervisors to hold. The larger the discrepancy between the two responses, the larger the incongruence scores. Job satisfaction was then measured by the Minnesota Satisfaction Questionnaire. The results showed that if supervisors were perceived as having attitudes congruent with those of the respondent, job satisfaction was high. Satisfaction with one's supervisor and with agency policy was related to the perceived congruence of attitude.

Clerical staff with less than a bachelor's degree had the highest perceived agreement with their supervisors, while the psychologists with PhDs had the lowest level of perceived congruence of attitude.

> The Ph.D. group believed the administrative policies discriminate against them and that regardless of their high educational achievement they are treated as second class citizens by comparison with physicians. . . . to achieve the greatest level of workers' satisfaction the educational achievement and disciplinary background of individuals must be considered and differential policy formulated. (Phillips & Hays, 1978, p. 59)

In light of how this perceived incongruence of attitude adversely affected job satisfaction, it is not surprising that psychiatry is one of the most common fantasy careers among psychologists. Norcross and Prochaska (1983) found that 3 out of 10 of the 210 private practice psychologists they surveyed would choose a different career if they could live their lives

over again. Medicine was the fantasy career of 14.5% of the sample, with many specifying psychiatry for presumed increases in power, status, and money.

Closely related to perceived congruence of attitude between staff and supervisors is the perception of the social climate in a given work setting. The Work Environment Scale and the Job Descriptive Index were administered once a month for three months to 21 staff members of an outpatient mental health center as part of a study by Brady, Kinnaird, and Friedrich (1980). They found that the level of job satisfaction was clearly influenced by one's perceptions of the social climate of the work environment.

Social climate was assessed with a 90-item true-false questionnaire of statements about working conditions (the Work Environment Scale). Highly satisfied subjects scored higher on such relationship dimensions of the Work Environment Scale as involvement, peer cohesion, and staff support. This supported the view that positive interactions and relationships with co-workers are a significant determinant of job satisfaction.

> The finding that autonomy and innovation were rated significantly higher among the more satisfied subjects supported the conclusions of other investigators that participation in decision-making, a sense of responsibility, and an opportunity for personal growth are important aspects of job satisfaction. (Brady et al., 1980, p. 563)

One difficulty in research such as the Phillips and Hays (1978) and Brady et al. (1980) studies is that causality cannot be assumed. Were workers satisfied with their jobs because they

perceived that their supervisors had attitudes similar to their own, and because there was a pleasant working environment? Or did the perceived congruence of attitude and favorable social climate result from high levels of job satisfaction? No cause and effect relationship can be inferred directly from such studies, only that the factors occur together.

The choice of a work setting is clearly a major factor in long-term job satisfaction as a psychotherapist. Enjoyable, rewarding work can be found in cities, rural communities, public agencies, private practice, and in combinations of private practice with academic or institutional positions. These settings vary considerably, however, and one's own philosophy and work expectations should be carefully compared to those of prospective employers and to the distinctives of various work settings.

Personal Sources of Job Satisfaction

Once formal training is completed and a work setting is chosen, a number of personal characteristics of psychotherapists become more relevant to job satisfaction. Because the development of one's professional identity and therapeutic style is a lifelong project, this aspect is being considered after discussion of the impact of training and variables in the work setting on job satisfaction. It has been observed by Burton (1975) that once a psychotherapist is established in his or her career, the subjective, personal factors will be of

greater importance than when a new therapist is working hard to develop a practice. Clinicians in a wide range of circumstances have reported that as their careers took shape, certain personal characteristics were highly correlated with job satisfaction while other factors, surprisingly, had little or no significant or consistent effect upon satisfaction as a psychotherapist.

Three Likert-type rating scales were administered by Farber and Heifetz (1981) to 60 psychotherapists (24 psychologists, 21 psychiatrists, and 15 social workers). Factor analysis determined that there were three important dimensions of job satisfaction: (a) "promoting growth and change in themselves as well as in patients"; (b) "becoming intimately and helpfully involved in the lives of patients"; and (c) "feeling proud and respected as competent professionals" (Farber & Heifetz, 1981, p. 628). Work in psychotherapy appears to be most satisfying when therapists themselves develop competence by growing and developing skills while being helpfully involved with others. Interestingly enough, none of these factors was significantly affected by setting, by case load, or by experience level. There was, however, a significant gender effect with females reporting greater satisfaction than males from promoting growth and feeling professionallly respected. Females in Jerrell's (1983) study also reported more satisfaction as psychotherapists than did males. Our culture may view "promoting growth," or being nurturant, as something which is more "feminine" than

"masculine." If so, psychotherapy may afford a unique opportunity for women to enjoy full respect as professionals without the sexist bias often directed toward them in other professions.

In a theoretical article written from the perspective of a psychoanalyst, Burton (1975) contended that "the satisfaction of the psychotherapist is as important as that of the patient" (p. 115). He discussed six variables related to job satisfaction as a psychotherapist. First was "intrapsychic satisfaction," the conscious and unconscious need to be a healer, and to witness the growth that can result from pain in the context of psychotherapy. Second were the "sensual-interpersonal satisfactions" which are related to the love, affection, and sensuality involved in such intimate contacts as those that exist between therapist and patient. Both these variables appear to be related to "becoming intimately and helpfully involved in the lives of patients" (Farber & Heifetz, 1981). Burton's (1975) third variable related to "intellectual-rational satisfaction," which stems from the use of words and symbols in psychotherapy. He argued that the over-representation of Jews in the psychotherapy profession is related to their fascination with intellect as "people of the book" (p. 119). Fourth were "research-creative satisfactions," such as developing clinical theories based on one's experiences with clients as Freud did. These variables appear to relate most closely to Farber and Heifetz's (1981) dimension of "promoting growth and change in themselves as

well as in patients." Fifth in Burton's (1975) list of variables were "cultist-fraternal satisfactions." Perhaps in reaction to society's suspicion and hostility, psychotherapists tend to band together as "chosen ones" to provide something terribly important which neither the artist, the philosopher, nor the clergyman can provide. Sixth were "economic gratifications." While psychotherapy is not a realistic way to get rich, Burton (1975) observed that it can provide a comfortable, upper-middle-class lifestyle with sufficient income to enjoy travel, an extensive library, frequent dining out, or other similar pleasures. With increased experience and success, he noted that fees become less important. The psychotherapist becomes more concerned with the other five forms of satisfaction and more particular about the patients he or she will accept. Burton's (1975) fifth and sixth variables appear to be most closely related to Farber and Heifetz' (1981) dimension of "feeling proud and respected as competent professionals." The desire for such respect may promote the types of fraternal or even cultist associations that psychotherapists sometimes seek, and financial rewards certainly reinforce the notion that the therapist is valued and important.

The three dimensions of job satisfaction derived by Farber and Heifetz (1981) have been shown to function well as a way of organizing the anecdotal sources of job satisfaction reported in such subjective articles as Burton's (1975). These same factors will now be used to organize additional material on personal sources of job satisfaction.

Promoting Growth and Change in Oneself and Others

Psychotherapists frequently report that their work brings about the very kinds of changes in themselves that they seek to promote in their patients. Increased sensitivity, heightened feelings of assertiveness and self-reliance, and a sense of personal affirmation and self-fulfillment were among the effects reported in a study by Farber (1983b).

Psychotherapists enjoy almost endless variety in their work in that each patient is unique, however familiar their themes and issues. Greben (1975) contended "that there is unlikely to be a task which could so completely exercise all of our faculties in the intellectual and emotional spheres" (p. 429). As a result of such intense, intimate contact with a wide diversity of patients, the therapist is "both more fully aware of what he is like, as his personality has been played out intimately with yet another human being, and more whole as a person, having once again experienced the close interrelatedness of a longstanding working alliance" (Greben, 1975, p. 429).

Another way that psychotherapists promote growth and change in themselves is through the use of their leisure time. Guy and Liaboe (1986) have suggested a number of steps that can be taken to reduce the strain of conducting psychotherapy while at the same time enriching the therapist:

> Becoming involved in nonpsychological activities, spending time with friends outside the profession, pursuing teaching or research opportunities in addition to psychotherapeutic practice, enrolling in classes outside of one's specialty, taking extended and regular vacations

> or sabbaticals, pursuing ongoing supervision and consultation, and undergoing personal individual or marital psychotherapy are a few possible steps to help avoid these negative consequences. (p. 113)

While some of these activities may "sound like work," for the psychotherapist they may be a welcome diversion, something to introduce variety and reduce the pressure or tedium of prolonged, intense contact with clients.

Becoming Intimately and Helpfully Involved

Farber and Heifetz (1982) found that "lack of therapeutic success" (p. 297) was the single most stressful aspect of therapeutic work for the 60 psychotherapists they questioned. If psychotherapists are to find satisfaction in their work, it is imperative that they develop the skills necessary to enjoy some measure of success. "Therapists expect their work to be difficult and even stressful, but they also expect their efforts to 'pay off.' Constant giving without the compensation of success apparently produces burnout" (Farber & Heifetz, 1982, p. 298). This is also consistent with Maslach's (1978) finding that patients with a very poor prognosis for improvement are among those more likely to be experienced as stressful by psychotherapists.

Several studies have collected data on the theoretical orientations and types of therapy conducted by psychotherapists, but these have not been found to be significantly or consistently correlated with job satisfaction. In her study of 47 clinical staffers in rural mental health facilities, Jerrell (1983) found that, surprisingly, neither "type of

clients treated" nor "type of treatment rendered" were significantly or consistently related to work satisfaction (p. 198).

It might be assumed that different therapists were deriving different types of satisfaction from their work, using several types of therapy with a variety of clients. Crisis intervention and brief therapies, for example, may provide more of a sense of immediate success than longer-term therapies. The longer therapies, on the other hand, may provide an opportunity for the development of a more intimate relationship. It may be more important for therapists to develop a theoretical orientation and therapeutic style that fits them personally, rather than to feel confined or committed to a given school of psychotherapy. This choice would be related to the types of subjective job satisfaction that are more important to the therapist, which in turn may suggest certain types of therapy with certain types of clients. Of supreme importance for the psychotherapist is apparently the question of "does it work" in regard to the theories and techniques used.

Although satisfaction as a therapist is not limited to any one type of therapy with any certain diagnostic category of clients (Jerrell, 1983), there are clients who tend to create more stress for their therapists and thus may be more conducive to burnout. Dying patients, especially if they are young children, tend to be stressful for almost all psychotherapists (Maslach, 1978). Psychotic patients, chronic patients, and patients with a very poor prognosis for

improvement are also more likely to be experienced as stressful (Maslach, 1978). In each of these cases, the opportunity for becoming intimately and helpfully involved is at best limited. Some therapists apparently choose to work with such clients, despite the added stress involved, but it would be important to take extra precautions against the risk of burnout that long-term work with such clients entails.

It may be impossible or unlikely for a given psychotherapist to become intimately or helpfully involved with certain types of clients because of the therapist's own issues (Maslach, 1978). The impact of clients on their therapists is highly individualized. Incest victims, for example, are responded to very differently by different therapists, depending upon the therapist's tendency to over-identify with the patient (Maslach, 1978). Psychotherapists need to get in touch and stay in touch with their own intrapsychic processes in order to make realistic decisions about the types of clients they can become intimately, helpfully, and therapeutically involved with.

Feeling Respected as a Professional

Psychotherapists enjoy "professional independence" and dislike being accountable to someone with whom they disagree (Tryon, 1983b). Clinical psychologists often resent what they perceive as the preferential treatment enjoyed by psychiatrists in some mental health facilities (Phillips & Hays, 1978). These are symptoms of a deep need for respect as a competent

professional if psychotherapy is to supply job satisfaction.

Jerrell (1983) found that "salary, work group support, and clinical supervision were important factors in job satisfaction" (p. 198) among the 47 staff members of rural mental health facilities she interviewed. These are all aspects of feeling respect as a professional: financial rewards, a cooperative working relationship with colleagues, and the opportunity to continue enhancing one's skills and expertise through interaction with other professionals.

In his investigation of 314 clinical psychologists, Farber (1985) found that 48.1% of those working in institutional settings "feel, at least to a moderate extent, that they have been frustrated by administrative red-tape in their efforts to help their patients" (p. 12). An even larger portion of the sample (59.7%) felt to a moderate extent "frustrated by budgeting considerations" and "disheartened by the working conditions at their settings" (p. 12). It is not surprising, in light of such statistics, that psychotherapists in public agencies report less job satisfaction than those in private practice. It seems apparent that they enjoy much less respect as competent professionals under such working conditions (Norcross & Prochaska, 1983).

This section has demonstrated that the personal, subjective sources of job satisfaction for psychotherapists extend far beyond adequate training and a suitable employment opportunity. Such nebulous, hard-to-measure factors as personal growth and fulfillment, intimate involvement with

clients, and respect as a competent professional were all reported to have a significant bearing on job satisfaction. Variables such as theoretical orientation, type of therapy conducted, and types of clients treated were not found to always consistently or significantly relate to job satisfaction. Although certain types of clients are more likely to be experienced as stressful, there are nevertheless mental health care professionals who report finding satisfaction in their work with these clients. Psychotherapists of many persuasions using a wide variety of therapeutic techniques with a virtually endless diversity of clients are all reporting that their work is personally rewarding.

The Relationship of Burnout to Job Satisfaction

The term burnout was coined by Freudenberger to describe a syndrome of emotional and physical exhaustion (Farber & Heifetz, 1982):

> Burn-out: to deplete oneself. To exhaust one's physical and mental resources. To wear oneself out by excessively striving to reach some unrealistic expectation imposed by oneself or by the values of society. (Freudenberger & Richelson, 1980, p. 16)

It is essentially limited to dynamic, charismatic, goal-oriented men and women and to determined idealists. Those most susceptible are the "high-achievers," the men and women of action and purpose who provide others with leadership and inspiration; the dedicated, committed, high-energy people who are "most likely to succeed" (Freudenberger & Richelson, 1980, p. xvii).

Low morale, impaired performance, absenteeism, frequent

job changes, psychosomatic symptoms, increased use of alcohol and other drugs, and increased marital and family conflict are among the commonly observed symptoms that accompany burnout (Maslach, 1978). Clearly these are conditions that have the potential to reduce or eliminate the effectiveness of psychotherapeutic practice. "We and our patients suffer equally when we fail ourselves. If we are to see the occupational life issues of our patients, perhaps a deeper look into our own house is the first order of business for all of us" (Freudenberger & Robbins, 1979, p. 295).

At first glance, it might seem that burnout is simply "job dissatisfaction," the flip side of job satisfaction. This hypothesis is not, however, upheld by the research findings of Farber (1985). He administered the Job Diagnostic Survey (JDS) and the Maslach Burnout Inventory (MBI) to 314 clinical psychologists. "The rather moderate correlations between scores on the JDS measure of general job satisfaction and MBI subscales (correlations ranging from .17 to −.23) suggest that burnout cannot simply be considered equivalent to job dissatisfaction" (Farber, 1985, p. 11). Although reducing or eliminating the factors related to burnout may be a prerequisite to increasing the chances for job satisfaction, this in itself is insufficient. The factors associated with positive job satisfaction must also be considered.

Freudenberger and Richelson (1980) warn that the same person who is inclined to expect the most from work is also the most susceptible to burnout:

> There's a fine line between dedication and overdedication, commitment and overcommitment, and the helper has to be on guard against crossing it. A positive involvement implies mature concern and sympathy while retaining a life of one's own. It means an interest, even an absorption, in someone or something, but with some emotional detachment. (p. 157)

Rather than being the opposite of job satisfaction, burnout is more like a "blind alley" or "dead end" into which the professional may detour in the pursuit of job satisfaction. According to Freudenberger and Richelson (1980), it would be virtually impossible for an underachiever to burn out! This is apparently an occupational hazard only for those who take their work, and the satisfaction they derive from it, very seriously.

In her work with poverty lawyers, physicians, prison personnel, social welfare workers, clinical psychologists and psychiatrists in mental hospitals, child-care workers, and psychiatric nurses, Maslach (1978) found that "longer work hours are correlated with more stress and negative staff attitudes only when they involve continuous direct contact with patients or clients" (p. 20). As an on-the-job remedy for this, she proposed "time-outs" which are defined as opportunities for professionals to voluntarily choose less stressful work while other staff take over client or patient responsibilities. A nurse may choose to be responsible for giving medications on an especially trying day, or a police officer may be permitted to handle administrative chores immediately after a gun battle or other extremely stressful situation. Similarly, psychotherapists may need regular

breaks from the hard work of face-to-face client contact in order to tackle less demanding administrative tasks, or to write, consult, or be involved in supervision.

Maslach (1976) found that among her very heterogeneous research sample, those professionals who were trained to treat psychological problems were better able to recognize and deal with their own feelings. This is consistent with Farber's (1985) finding that "in comparison with other human service professions (e.g., policemen, teachers, nurses), clinical psychologists seem considerably less vulnerable to burnout" (p. 13). Although 1/3 of the 314 clinical psychologists in Farber's (1985) sample felt "moderately" affected by the stresses of psychotherapeutic work, only about 2-6% perceived themselves as "greatly" affected by work-engendered stress. Therapeutic work was found to be most stressful for inexperienced therapists and for those working in institutional settings (Farber, 1985, p. 12).

When burnout does occur among psychotherapists, it clearly interferes with the delivery of mental health services. It is therefore of vital importance for all mental health professionals to clearly discern the causes and symptoms of burnout, and to eliminate or at least reduce them. As Freudenberger and Richelson (1980) pointed out:

> There are already too few helpers in proportion to the people seeking help, so if you are in one of these [helping] professions, you are not expendable. You can, however, be spared for a vacation, and if you suspect that you are beginning to burn out, you should seriously consider taking one. (pp. 158-159)

To view burnout merely as "job dissatisfaction" has been shown to be an oversimplification. Burnout may in fact be the price paid when hard-working, high-achieving individuals fail to experience genuine job satisfaction. Psychotherapists must inform themselves not only of the pitfalls to be avoided in this profession, but also make themselves aware of how to enhance their opportunities for real enjoyment and fulfillment in their work. Psychologists and other mental health professionals should be astute enough to recognize any symptoms of burnout at an early stage, and wise enough to take steps to remedy the situation. We certainly can be of no value to our patients or clients if our own spiritual, mental, and emotional needs are consistently going unmet.

In the following section, some general critiques will be advanced of the studies reviewed in this paper. Recommendations for future research will also be made which could help sharpen the focus of what makes psychotherapeutic work satisfying.

General Critiques and Recommendations for Future Research

The earliest work on job satisfaction among psychotherapists consisted primarily of personal perspectives, anedcotal material, and hypotheses based on clinical experience (e.g., Burton, 1975; Greben, 1975). More recent studies have moved beyond this at least to the point of conducting surveys or interviews (e.g., Brady et al., 1980; Cherniss & Egnatios, 1978; Eisenhart & Ruff, 1983; Farber, 1983b, 1985; Farber &

Heifetz, 1981, 1982; Norcross et al., 1985; Tryon, 1983a; Walfish et al., 1985).

Some studies have utilized standardized instruments as part of their assessment (e.g., Brady et al., 1980; Farber, 1985), and at least one study involved a longitudinal follow-up of original research subjects both 15 and 25 years after the initial investigation (Kelly et al., 1978). These researchers are to be commended, and their efforts should be replicated.

It is also noteworthy that a number of recent studies have focused on a more homogeneous sample, rather than lumping several professions and academic disciplines together in the same study (e.g., Farber, 1985; Norcross & Prochaska, 1983; Peterson et al., 1982; Tryon, 1983b). These trends in research on job satisfaction among psychotherapists promise to yield data which are much more specific, for example, on job satisfaction among those in private practice. Studies that include such demographic variables as age, sex, degree, theoretical orientation, type of therapy conducted, work setting, income, and size of caseload will make it possible to eventually determine more precisely the factors correlated with high levels of job satisfaction (e.g., Norcross et al., 1985; Tryon, 1983a).

There is still a certain selection bias involved in any type of survey method which depends upon respondents to complete and mail in the survey materials. Those who respond are likely to represent the most positive or negative positions

on the issues being investigated. Those with a more "middle-of-the-road" position are less motivated to respond. There is also the problem of much data being correlational, so that no cause and effect relationship can be inferred conclusively (e.g., Brady et al., 1980; Phillips & Hays, 1978).

Studies that address the need for new models of training therapists should be replicated (e.g., Kelly et al., 1978; Peterson et al., 1982). Preference for the Boulder-model should be evaluated by those who are not partial to it, and further studies of those who have received PsyD degrees should be conducted by persons who are not not candidates for that degree and hence possibly defensive of it.

Maslach's (1978) research on the effect that clients have on staff burnout should be replicated to determine why some therapists experience extreme emotional distress with certain types of clients while others do not. Perhaps the difference lies in the type of satisfaction a given therapist derives from conducting psychotherapy (Farber & Heifetz, 1981). A therapist who primarily desires intimate involvement may prefer long-term clients while another therapist who feels competent only with quick, measurable success may prefer brief therapies. Since type of client and type of therapy conducted were not consistently correlated with job satisfaction (Jerrell, 1983), different therapists must thrive on different types of job satisfaction.

Summary and Conclusions

Considerable research has been done within the past decade, especially during the eighties, on factors related to job satisfaction among psychotherapists. The present literature review has attempted to summarize and synthesize the findings from empirical studies specifically on job satisfaction, along with ideas and insights from several other reviews and earlier, theoretical articles in related areas such as burnout.

The highest level of dissatisfaction with graduate training was reported by psychologists who pursued careers in private practice. They maintained that too much time was spent training them to do research, and too little time preparing them to conduct psychotherapy and to manage the business aspects of their practices. Internships, on the other hand, were reportedly more satisfactory for those who became clinical practitioners than for those who became academicians or researchers. The practitioner-scientist or PsyD model of training appears to be a step in the right direction. Those who had received the PsyD reported higher levels of satisfaction with their careers than those trained in more traditional scientist-practitioner or PhD programs. There was not a significant or consistent correlation between the amount of graduate training received and job satisfaction. In some studies those with doctorates reported greater job satisfaction, while in other studies they were the least satisfied.

Job satisfaction was found to be highest shortly after completion of graduate school, and then tended to be much lower after several years in the profession. This decline was assumed to be related to "on the job" variables. Although psychotherapists employed both in large cities and in small communities reported enjoying their work, those in urban communities reported more overall life satisfaction. Those just beginning their careers should probably evaluate the importance of city life for them personally before accepting a position in a less densely populated area and should certainly make themselves aware of the distinctive expectations and attitudes associated with rural versus urban agencies. Job satisfaction was higher among those in private practice than among those employed in the public sector. High levels of satisfaction were also reported by many who combine a part-time private practice with an academic or public agency position, although this may be confounded by variables other than their private practice being part-time.

In seeking a place of employment, psychotherapists need to interview their prospective supervisors. Lack of congruence in attitude in regard to agency policies, mental health care philosophy, and work expectations can certainly threaten or jeopardize job satisfaction. The social climate in an agency should also be evaluated, since quality relationships with fellow staff members constitute an important determinant of job satisfaction. A good income is desirable and important, but it cannot compensate for excessive tension or disagreement

Table 1

Factors Related to Higher and Lower Reports of Job Satisfaction among Psychotherapists

Higher	Lower
PsyD degree	PhD degree
Recent psychology graduates	Veteran psychologists
Private practice	Public-sector practice
Supervisor perceived to have similar attitudes toward work	Supervisor perceived not to have similar attitudes toward work
Involvement, peer cohesion, and staff support perceived as high	Involvement, peer cohesion, and staff support perceived as low
Opportunity for autonomy and innovation perceived as high	Opportunity for autonomy and innovation perceived as low
Availability of good clinical supervision	Lack of (or poor) clinical supervision
Higher salary	Lower salary
Females	Males

between staff and supervisors. Table 1 summarizes these findings.

Several therapist variables were not found to be

Table 2

Factors Not Always Consistently Related to Job Satisfaction among Psychotherapists

Doctoral degree versus master's degree
Rural versus urban practice
Full-time versus part-time private practice
Theoretical orientation
Type of therapy conducted
Type of clients treated (with exceptions)
Size of caseload

significantly or consistently related to job satisfaction. These are relevant to the present review from the standpoint that psychotherapists need not pursue, for example, a certain theoretical or therapeutic orientation in order to enjoy a fulfilling career. There is clearly meaningful and satisfying work to be done with many types of clients in a wide variety of clinical settings. The challenge for the beginning psychotherapist is not to find the "right" job, but to pursue a career path suited to his or her own personal strengths, interests, and preferences. Table 2 summarizes those therapist characteristics that were not always significantly or consistently related to job satisfaction.

Certainly as much and perhaps even more than those in

other professions, psychotherapists can shape their own careers. The possibilities are, if anything, rather overwhelming. Baxter and Bowers (1985) hypothesized that Frankl's "will to meaning" is a sound basis for motivation in working. Their advice to managers is noteworthy both for psychotherapists and for those who employ or supervise them: "Building in employees a sense of the importance of their work will give them goals, a sense of direction, something to strive for and achieve. They can become what they choose to become!" (Baxter & Bowers, 1985, p. 71). Psychotherapists need to cultivate an awareness of why they do what they do. This sense of the meaning or "why" of their work is a key ingredient in long-term job satisfaction.

It is also important that psychotherapists have the liberty to be self-critical and to disclose negative feelings about their work. A job that involves nurturing health and wholeness in others may also be conducive to self-deception when one's own emotional needs are not being met. As a precautionary measure against this, Freudenberger and Richelson (1980) suggested that those in the helping professions:

> Cultivate friendships on the staff, so that you can exchange viewpoints and offer each other relief. Talk about your frustrations and disappointments, not in a dumping, whining way, but as an opening for others to participate and get some of their burdens off their chests. Busy as the agency, school, or hospital is, time must be made for camaraderie. If it isn't, many valuable people will be lost. (p. 158)

Farber (1983a) pointed out the irony that it seemingly took high suicide rates among psychiatrists and psychiatry

residents to attract attention to the difficulties inherent in psychotherapeutic work. He expressed the view that "therapists need to be able to express negative feeling toward their work freely without fear that such admissions will either go unacknowledged or be interpreted as incompetence" (Farber, 1983a, p. 114).

Psychotherapists need to cultivate the satisfying, fulfilling aspects of their work and learn to avoid or minimize the potentially harmful effects. Freudenberger and Robbins (1979) have recommended some simple, everyday-type activities that can help ease the stress and strain of psychotherapeutic work and combat burnout:

> How important outside, nonprofessional activities and pursuits are in the replenishing process that is so necessary for survival! How much fuller a person feels after a game of tennis, a long walk, a picnic, a visit to a museum, a swim in a pool, after listening to music, or seeing a play, or after building a cabinet! (p. 291)

Coupled with a sense of meaning and purpose in one's professional activities, these precautions can help ensure that one's career as a psychotherapist is characterized by more consistent job satisfaction and a sense of personal fulfillment.

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